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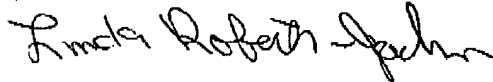
SEP 13 2004

FACSIMILE
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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE
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Date of Transmission: 09/13/04

Name of Person Making Transmission: Linda Roberts-Jackson

Signature:



DOCUMENT(S) FAXED: (MARKED WITH X) 4 PAGES ATTACHED

Re Applic of	Raschid J. Bezama, et al.
Docket No.	FIS920010260US1
Serial No.	10/026,264
Filing Date	12/21/01
Attorney	Ira D. Blecker

Attached: Response to Notice of Non-Compliant Amendment, Amendment Transmittal Letter, Replacement Drawing (1)

PLEASE DELIVER TO:

EXAMINER: MUTSCHLER, BRIAN L.


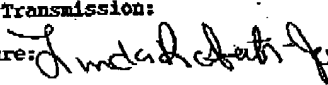
ART UNIT: 1753

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Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. FIS920010260US1		
Applicant(s): Raschid J. Bezama, et al.					
Serial No. 10/026,264	Filing Date 12/21/01	Examiner MUTSCHLER, BRIAN L.	Group Art Unit 1753		
Invention: APPARATUS FOR CLEANING RESIDUAL MATERIAL FROM AN ARTICLE					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.		RECEIVED CENTRAL FAX CENTER SEP 13 2004			
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	22 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	2 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 090458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: Sept. 13, 2004</div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div> _____ Signature IRA D. BLECKER, REG. NO. 29,894 2070 ROUTE 52 HOPEWELL JUNCTION, NY 12533</div><div style="border: 1px solid black; padding: 5px; width: 300px;">CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 9/13/04 Name of Person: Linda Roberts-Jackson Making Transmission: Signature: </div></div></div>					
cc:					